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2355.11108



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
TOSHIKAZU OHSHIMA, ET AL.)	Examiner: Unknown
Appln. No.: 09/510,232)	Group Art Unit: Unknown
Filed: February 22, 2000)	
For: MIXED REALITY APPARATUS)	June 7, 2000
AND MIXED REALITY)	
PRESENTATION METHOD)	

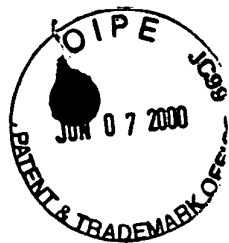
The Honorable Commissioner of Patents
and Trademarks
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

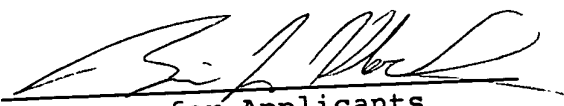
Applicants' attorneys have received an Official Filing Receipt (OFR) in the above-referenced application wherein the address of the first Inventor (Toshikazu Ohshima) incorrectly lists as "Yokohama-shi, JAPAN". The address should be corrected to read --Kawasaki-shi, JAPAN--.

Issuance of a corrected Filing Receipt with the correct address of the first Inventor is accordingly respectfully requested.



Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our below-listed address.

Respectfully submitted,


Attorney for Applicants

Registration No. 36,570

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Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/510,232	FILING DATE 02/22/2000 RULE -	CLASS 463	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 2355.11108	
APPLICANTS Toshikazu Ohshima, Kawasaki-shi, JAPAN; Kiyohide Sato, Kawasaki-shi, JAPAN;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS ***** JAPAN 11-164718 06/11/1999 JAPAN 11-164719 06/11/1999					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/28/2000 -					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY JAPAN	SHEETS DRAWING 16	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 8
Verified and Acknowledged Examiner's Signature _____ Initials _____					
ADDRESS					
05514					
TITLE					
Mixed reality apparatus and mixed reality presentation method					
FILING FEE RECEIVED 1512	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		